

## **Guidelines for Completing the Women, Pregnant Women, and Women with Dependent Children Progress Report Form**

As indicated on the form, this is an annual report due no later than January 31 for the prior fiscal year and it must be submitted electronically to [murrayden@michigan.gov](mailto:murrayden@michigan.gov).

### **Unduplicated Treatment Services Provided in Region**

In the table, provide the name of the service provider and then the corresponding information in each column. Please do not leave any blanks in a row, if a column does not apply, just indicate with a "0".

### **Coordinating Agency Region Specific Information**

This information should be provided by the CA for their entire region and includes all referrals and services provided by all providers not just DWPs.

### **Outcome Information**

This information is for all programs that provide services to pregnant women. Please indicate which are Designated Providers by checking the box and then provide the corresponding information for each column.

### **Program Information**

This information is necessary if any programs changed treatment services/criteria during the fiscal year. Complete the requested information for each provider that changed. If no changes occurred in any programs, this section can be left blank

### **Monitoring of Designated Women's Programs by Coordinating Agency**

Please indicate each DWP provider and the date of the CA review. If the program meets the requirements for a DWP indicate by checking the box. If there are any non-compliance issues, please describe those as well.

The remaining questions are related to expectations from the APG and should be answered as completely as possible. If information or data is not available, indicate why and how this is going to be addressed in the future.